

Invasive Species Act Variance Request Form For Scientific/Educational Research

**Return this form to: Invasive Species Coordinator, NH Department of Agriculture, Markets and Food,
Plant Industry Division, Lab D, 29 Hazen Drive, Concord, NH 03301**

All requirements of this form must be completed by the applicant. The information that you provide must be legible. Please type or print (clearly) in black ink.

Scientific Name: _____ **Common Name:** _____

Applicant Information

Name: _____ Affiliation: _____
Phone Number: _____ Fax Number: _____
Mailing Address: _____ Town/City: _____
State: _____ Zip Code: _____
Email Address: _____

Purpose/Need for Variance

Project Description (additional pages can be submitted if needed): _____

Purpose of Project: _____

Start and End Dates: _____

Project Location: _____ Town/City: _____ Zip Code: _____

What measures will be taken to ensure that the invasive species being applied for in this variance will not escape, spread or negatively affect the surrounding natural environment, agricultural or forest crops, and/or human health? _____

Once the project has ended, how will the species be disposed of (please describe in detail)? _____

Additional Materials Required

- USGS Topographical Map with Site clearly shown
- Photographs before project begins and after project ends
- A description of the results/findings of the research work

Applicant's Signature: _____ Date: _____

For Department of Agriculture's Use Only

Does the applicant meet the requirements for a variance? Yes: _____ No: _____

Notes: _____

Approved: _____ Date: _____

Denied: _____ Date: _____